

P Booker BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				51
2			1				52
3			1				53
4			1				54
5			1				55
6			1				56
7			1				57
8			1				58
9			1				59
10			1				60
11			1				61
12			1				62
13			1				63
14			1				64
15			1				65
16			1				66
17			1				67
18			1				68
19			1				69
20			1				70
21			1				71
22			1				72
23			1				73
24			1				74
25			1				75
26			1				76
27			1				77
28			1				78
29			1				79
30			1				80
31			1				81
32			1				82
33			1				83
34			1				84
35			1				85
36			1				86
37			1				87
38			1				88
39			1				89
40			1				90
41			1				91
42			1				92
43			1				93
44			1				94
45			1				95
46			1				96
47			1				97
48			1				98
49			1				99
50			1				100
TOTAL IND.			2				
TOTAL DEP.			2				
TOTAL CLAIMS			2				